

Online Supplement S.2: Results of cross-classified multilevel models: 30-day statin prescription at patient level

Fixed effects	Random intercept model (M1)		Adding patient characteristics (M2)	
	OR	95% CrI	OR	95% CrI
Intercept			4.5573	3.7352 5.4714
Patient characteristics				
Age			.9845	.9825 .9869
Male			1.1352	1.0863 1.1846
AMI: STEMI			1.6721	1.603 1.7461
Cardiac dysrhythmia			.9197	.8762 .9678
Cerebrovascular disease			.8969	.8564 .9378
Chronic renal failure			.8940	.8412 .9507
Congestive heart failure			.8091	.7677 .8524
Diabetes with complications			1.0035	.9416 1.0690
Diabetes without complications			1.030	.9852 1.0772
Dementia			.6305	.5828 .6808
Depression			.9601	.9125 1.0098

	Random intercept		Adding patient characteristics (M2)			
	model (M1)					
Ischemic heart disease				.7311	.6971	.7635
Myopathy				.9034	.6333	1.2567
Prescription of statins within 6 months prior to admission				.3773	.3604	.3947
Multimorbidity: 3-5 conditions (reference < 3 conditions)				1.453	1.3841	1.5303
Multimorbidity: 6 or more conditions (reference < 3 conditions)				.6756	.6329	.7202
Variance of random effects	Estimate	95% CrI		Estimate	95% CrI	
MOR						
Hospital-physician interaction	1.3241	1.2629	1.3793	1.2548	1.1845	1.3493
Hospital	1.4045	1.3602	1.4496	1.3009	1.2578	1.3452
Usual provider	1.1448	1.1081	1.1910	1.1445	1.1077	1.1908
VPC						
Hospital-physician interaction	.0245			.0164		
Hospital	.0360			.0221		
Usual provider	.0057			.0057		
Proportional change in cluster variance (reference model: M1) ¹						
Hospital-physician interaction				35%		

	Random intercept model (M1)	Adding patient characteristics (M2)
Hospital		41%
Usual provider		<1%
R^2_{binary} ²		22%

Notes:

¹ Proportional change in cluster variance was computed according to Austin and Merlo (26)

² R^2_{binary} for use with multilevel logistic models was estimated according to Snijders and Bosker (43).